

## Annex III:

### Mass Prophylaxis or Immunization Clinic Plan

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# **Madison County Public Health Department**

## **Protocol for Mass Prophylaxis or Immunization Clinics**

### **Purpose:**

Certain public health emergencies may necessitate prophylaxis or immunization of large numbers of people, in a short time frame, to prevent the transmission of illness.

Examples of such events include, but are not limited to:

- A case of Hepatitis A in a food handler
- An influenza pandemic
- A case of bacterial meningitis within a crowded setting (i.e. daycare, high school)
- Mass exposure to a rabid animal
- A bioterrorism event

This protocol is organized into three phases: 1) decision to provide mass prophylaxis, 2) procedure for conducting mass prophylaxis clinics, and 3) post clinic activities. This protocol also lists the Montana Department of Public Health and Human Services (DPHHS) contacts for quick notification and the responsibilities of various agencies.

### **PHASE ONE: DECIDING TO PROVIDE MASS PROPHYLAXIS**

Providing mass prophylaxis may be a collaborative effort between the MCPHD and DPHHS, certainly if the Strategic National Stockpile (SNS) is deployed. Once a potential or real public health emergency is identified, a State and local response team will be formed. The State team would include all or some of the following: the State epidemiologist, medical officer, CD specialist, immunization program staff, Disaster Coordinator, DES Director, and public relations personnel. The MCPHD Epi Team will be expanded as necessary (see MCPHD Public Health Emergency Response Plan-Active Surveillance Plan). Other state and local agencies may also be included if necessary. For mass prophylaxis or immunizations to be considered, the following criteria would need to have been met.

- The etiologic agent has been confirmed.
- There is potential for further exposure.
- Pharmaceuticals are available and can be administered in time to prevent illness and secondary exposure.

***As a rule, mass intervention is not considered until laboratory testing has confirmed the etiologic agent.*** State or Federal public health laboratories may be needed to identify etiologic agents.

The appropriate prophylaxis, such as immune globulin, vaccine, or antimicrobial drugs, depends upon the etiologic agent. No prophylaxis exists for some etiologic agents, and it may be important to provide this education to concerned agencies and the public.

## **PHASE TWO: Conducting a Mass Prophylaxis**

Once mass prophylaxis is deemed necessary, coordinating and conducting a mass prophylaxis clinic requires the utmost cooperation and communication among DPHHS, the MCPHD, the county Emergency Operations Center (EOC), and the clinic site contacts (see Mass Care/Clinic Sites list). In general, a conference call between all parties is useful to determine the exact course of action. In the event the county Incident Command System is activated, the operation of mass prophylaxis clinics will communicate from the “operations” branch of the IC structure.

### **A. Planning the Clinic**

1. ***Obtain pharmaceuticals.*** Pharmaceuticals may be obtained through the DPHHS or local resources. DPHHS is responsible for the obtaining supplies through the Strategic National Stockpile (SNS). They would locate storage facilities within Montana and coordinate the distribution of pharmaceuticals to the local health departments. Law enforcement may be needed to secure pharmaceuticals during transport to the clinic sites.
2. ***Identify a local site.*** The MCPHD will identify an appropriate local clinic site and estimate the number of people to receive treatment. This decision will be made with input from the medical community, including Ruby Valley Hospital and Clinic, Madison Valley Hospital and Clinic, the Sheridan Community Health Center, and RoundRiver Healthcare, considering the fact that at the same time we may also be managing the “worried well.” Factors such as the size of the clinic, layout for smooth traffic flow, accessibility (especially for those with disabilities), comfort, adequate restroom facilities, parking, refrigeration, and privacy will be considered. The site should be cool enough for comfort to prevent fainting. Consider the availability of shelter during the winter if lines of people will form outside. Examples might include Ennis School gymnasium or bus barn, Sheridan school gymnasium, Twin Bridges school gymnasium, Virginia City community center, churches or fairgrounds. The MCPHD will notify the DPHHS of the arrangements.
3. ***Alert the public.*** The MCPHD will issue press releases and handle print and electronic media inquiries in cooperation with the EOC PIO and with DPHHS. News releases from DPHHS will be copied to MCPHD and vice versa.
4. ***Alert health care providers in Madison County and those outside the county.*** The MCPHD will fax and email copies of all press releases regarding the clinics and specific information and recommendations on the disease and its prevention

to all local health care providers, laboratories, hospitals, and Sheriff's Office. The MCPHD will maintain active surveillance to identify additional cases and secondary contacts (see manual for active surveillance protocol). Tracking forms will be provided by MCPHD. The DPHHS will be responsible for notification of Health Departments and health facilities outside of Madison County.

5. ***Locate staff and supplies.*** The MCPHD will provide personnel and supplies (see Supply List) for the clinic. Recruitment of volunteers from the community may be necessary. This would include recruitment from hospitals, local nursing homes and home health agencies, retired or unemployed nurses, the American Red Cross, and agencies outside of Madison County, such as MSU Nursing School, Bozeman Deaconess Hospital, St. James Hospital and other county health departments. The Epi Team will inventory available supplies at the hospitals, local nursing homes, and pharmacies. The MCPHD, in cooperation with the DPHHS, will supply consent forms, risk factor questionnaires and disease fact sheets.
6. ***Provide training for volunteer staff.*** The MCPHD will provide training to volunteers on disease transmission, prophylaxis and immunization, and control strategies. Volunteers will screen prospective patients for prophylaxis and assist medical personnel in administering prophylaxis, as necessary.
7. ***Provide for crowd control.*** The MCPHD or site director will arrange for security at clinic sites and provide signage directing people to appropriate entrances, waiting areas, intake, prophylaxis and exit. Local, private, and state law enforcement can be used for security. Security is especially important in instances of pharmaceutical shortages or the prioritization of those who receive it.
8. ***Medical consultation.*** The MCPHD medical consultant will be available to receive the SNS, sign standing orders for administration of prophylaxis or immunization, review content of information materials, and serve as a consultant for the local Health Officer.

#### B. Setting up the clinic

1. ***Staff duties will be clearly delineated prior to conducting the clinic.*** Ideally, the following assignments should be made:
  - Clinic Director: assigns tasks, oversees clinic operations, troubleshoots the clinic
  - Educators: greet public, answer basic questions about the disease in question, location of restrooms, parking, and handicapped access, identify candidates for prophylaxis and distribute handouts
    - risk factor questionnaire to identify candidates for prophylaxis
    - disease fact sheet
    - prophylaxis or immunization fact sheet/consent form

- Traffic Controller: directs clients to the forms checker, nurse, or forms collection station
  - Forms Checker: assures all information on forms is complete
  - Nurse: screens clients for contraindications, provides appropriate education, administers immunization or prophylaxis.
  - Forms Aide: verifies form is correctly completed, notes prophylaxis or immunization administered, location and lot number
  - Technical Assistant: loads vaccine syringes, notes correct lot number, stocks supplies at nursing station, performs tasks directed by nurse
  - Forms Collector: collects all forms prior to clients' departure
2. ***Transport pharmaceuticals and supplies to clinic sites.*** In a large event involving the SNS, the DPHHS will order necessary pharmaceuticals, arrange delivery to points in Madison County, and assist with modes of transport to clinic sites or a central storage area. Law enforcement may be needed to securely transport pharmaceuticals. The MCPHD staff will assure that the inventory of pharmaceuticals is monitored and stored in a secured and appropriate manner. Sites for secure storage may include, Ennis Bus Barn, Department of Transportation garage, private warehouses, Twin Bridges Fairgrounds, Twin Bridges school, or Sheridan School. If pharmaceuticals require dispensing by a pharmacist the Memorandum of Understanding (MOU) for these services will be activated.
  3. ***Distribute information sheets and forms to clinic sites.*** The MCPHD will transport copies of the risk factor questionnaire and consent forms for prophylaxis or immunization and appropriate disease fact sheets to each clinic site.
  4. ***Set up clinic layout.*** The MCPHD will post signage for the various stations of the clinic and the traffic flow (See Suggested Clinic Layout). There will be an area for chairs, cots and beverages near the exit station for clients who may feel faint. A zigzag line formation into the clinic will allow for smooth flow. Educators will be positioned where the lines form and give each client the risk factor questionnaire and consent forms and disease fact sheet. Numbers may be given to clients (using rolls of tickets) to be called when it is the client's turn. While in line, candidate's risk factors will be screened by the Educator. Information on the disease and its control will be provided to those who are not candidates for prophylaxis.
  5. ***Maintain Security.*** Depending on the situation the Health Officer may request assistance from the local law enforcement or the Madison County Sheriff. Security may be necessary at the entrance to the clinic where lines form. Any disturbance, especially involving those who are turned away should be kept outside of the clinic. Announcements of who will be receiving prophylaxis at that location will be posted outside the clinic site.

6. ***Distribute clinic information to media.*** The MCPHD will finalize the details of clinic, i.e. dates, times and locations of sites, and prepare a news release. Press releases will be faxed to DPHHS.
7. ***Maintain communication.*** The MCPHD may need to recruit volunteers to handle calls. Radios or walkie-talkies may be distributed to the staff to maintain communication during the clinic. Phone numbers will be distributed to staff at the clinic.
8. ***Monitor pharmaceutical supply.*** The MCPHD will keep track of the pharmaceutical inventory and **contact DPHHS immediately if pharmaceutical supply begins to run low.** At the conclusion of the clinic, contact DPHHS to arrange pick up of unused pharmaceuticals.

### **PHASE THREE: POST CLINIC ACTIVITIES**

1. ***Compile total expenditures.*** All expenses associated with such an event will be tracked. In the case of a declared Public Health Emergency by the County Commission or Governor, the MCPHD will comply with the County Emergency Finance Protocol (see manual).
2. ***Active surveillance.*** The MCPHD will maintain active surveillance after the last known case, for at least one additional incubation period of the disease agent. The Epi Team (see Epi Team Protocols) will determine the level communicable disease surveillance that is needed. Suspect cases will be reported immediately to DPHHS and investigated for exposure history and contacts.
3. ***Media informed.*** After the crisis, local media will be updated on any further cases of illness and control measures
4. ***Assess success and challenges of the clinic.*** An After Action Review of the clinics will occur as part the overall evaluation of each public health emergency response. This will allow the Department and others involved with the response to determine what went smoothly, identify problems, and adjust the protocol and plan as necessary.
5. ***Document the event.*** As part of the overall report of the public health emergency, the clinic activities will be documented. This report will be made to the Board of Health and become public record.



## Prioritization of Population for Administration

This section is a prioritization outline plan for which order populations will receive the vaccine/prophylaxis in Madison County. Prioritization of population to receive the vaccine/prophylaxis may vary depending on the agent involved, availability and timing of administration.

*This is a preliminary prioritization plan for Gallatin County. This issue needs further review and recommendations from Public Health and Public Safety recommendations.*

### **I. One time exposure (i.e., anthrax, botulism, tularemia)**

- A. Persons exposed to a certain agent at a particular location and time range that are asymptomatic. (No person-to-person transfer.

### **II. One time event resulting in person-to-person transmission. (i.e. pneumonic plague, ebola, smallpox, cholera) Continual Exposure. (i.e., pandemic influenza)**

- A. Persons necessary to maintain basic community infrastructure:
  - 1. Currently licensed health care workers** (physicians, physician's assistants, licensed nurses), EMS/AMR,
  - 2. Law Enforcement**
  - 3. Public health officials,**
  - 4. Local public safety personnel,**
  - 5. Laboratory workers, Department of Emergency Management/emergency managers,**
  - 6. National Guard,**
  - 7. Utility field workers – Public works,**
  - 8. Communications personnel,**
  - 9. Fuel suppliers,**
  - 10. Food suppliers.**
- B. Persons providing essential community services:
  - 1. Public transportation drivers,**
  - 2. Air travel personnel,**
  - 3. Morticians,**
  - 4. Pharmacists,**
  - 5. Red Cross field workers,**
  - 6. Correctional staff,**
  - 7. long-term care facility staff,**
  - 8. US postal service workers.**
- C. Immediate family members to those in group A.
- D. Persons determined to be at highest risk of developing complications.
- E. Persons providing care to those in group D
- F. Rest of population



## **“Epi Team” Protocol**

### ***Core Team Members:***

Dr. Sarah Googe, MD – PHO  
Jill-Marie Steeley, PH Administrator  
Molly Peterson, Public Health Nurse  
Ralph Hamler, Sanitarian

### ***Expanded Team Members:***

#### **Public Health Board:**

Ralph Hamler, Chairman – Sanitarian  
Dr. Sarah Googe, MD – PHO  
Sally Sandell, Ennis/Nursing Home rep.  
Doug Young, DVM  
Margaret Bortko, NP  
Dan Rask, Harrison Schools Superintendent  
Bill Doggett, Alder representative  
Mary Beth Walsh, Twin Bridges representative

#### **Madison Valley Hospital Laboratory:**

Melinda Tichenor, Lab Supervisor

#### **Ruby Valley Hospital DON:**

Sue Criswell, RN

### ***When is Epi Team contacted:***

The Epi Team will be notified accordingly depending on the event. For routine reportable diseases, the expanded team will not need to be notified unless otherwise determined by the *core team*. The *core team* will be notified if the Public Health Nurse and/or Administrator feel it is necessary, if there is a significant illness in a daycare or nursing home, or if the case involves a waterborne or foodborne illness. The *expanded team* will be notified if it is deemed necessary, a member of the expanded team’s expertise is needed, or more staffing and resources need to be utilized (such as a STD follow up with contacts or another disease where contacts need to be interviewed).

### ***How is information shared?***

Members of the *core team* and the Public Health Board are emailed the state communicable disease reports on a weekly basis. For issues needing immediate attention from the *core team* the members will be notified by telephone by the PH Administrator or Nurse as soon as possible. If the *core team* members need to be notified for information purposes only, then the PH Administrator or Nurse will communicate that information by email and/or fax. To notify the *expanded team* of a situation needing their attention, the PH Administrator or Nurse will call the members. If the *expanded team* members need to be notified for information purposes only, then the PH Administrator or Nurse will communicate that information by email and/or fax.

## Signage for Mass Dispensing Site

1. Clinic Entrance (2)
2. Forms (2)
3. Video/Education (2)
4. Special Assistance (2)
5. Restroom (2 sets)
6. Directionals/Arrows (10 sets)
7. Medical Screening (2)
8. Vaccination Station (5)
9. Exit Review (2)
10. Registration (4)
11. First Responder Registration (2)
12. Exit (4)
13. Not An Exit (5)
14. Staff Entrance (4)
15. Medication Storage (2)
16. Supply Storage (2)
17. EMT Station (1)
18. Clinic Administration (1)
19. Staff/Volunteer Check –In (1)
20. Handicap Parking (4)
21. Staff/Volunteer Parking (4)
22. Media Station (4)
23. Drop Off (2)
24. Pick Up (2)
25. Information (4)

## **SUPPLY LIST**

The following is a list of supplies needed for a Mass Clinic. Decisions on specific supplies to be used will be based on the situation.

### **Intake/Triage:**

- Pens/Pencils
- Fact sheet/handouts/instructions (in various languages)
- Scales

### **Registration:**

- Pens/Pencils
- Consent Forms
- Fact sheets/handouts/instructions
- Clip Boards
- File Boxes
- Log Sheets

### **Pharmaceuticals:**

- Vaccine/diluent
- Oral medications
- Refrigeration container
- Pill bottles/baggies
- Labels/instructions

### **Administration:**

- Vaccine/Prophylaxis protocols
- Syringes
- Wipes/alcohol/cotton balls
- Sharps containers
- Band-aids
- Blue Pads
- Ice packs
- White cover sheets
- Gloves
- Masks
- Gowns
- Handwash solution
- Waste containers
- Tissues
- Pens

### **Post Education/Exit:**

- Emergency kits
- Emergency protocol
- Emesis containers
- Gloves

Gowns  
Masks  
Cots  
Paper cups  
Drinking water  
Juice  
Handwashing solution  
Handouts/instructions (in various languages)  
Follow-up return schedule  
File Boxes  
Telephones  
Cell phones  
Pens/pencils

**Repackaging:**

Pens/pencils  
Forklifts  
Fuel  
Computers  
Printer  
Telephones  
Cellular phones  
Radios  
Pagers  
Electric power  
Portable generators  
Lockable area for controlled substances  
Tables

**Receiving/Distribution:**

Pens/pencils  
Forklifts  
Fuel  
Ramps  
Pallets  
Hand trucks  
Tables  
Telephones  
Cell phones  
Pagers  
Computers  
Printer  
Portable generators  
Radios  
Refrigerated storage area  
Storage racks

Lockable storage area  
Storage crates and boxes

**Security:**

Badges/name tags  
Staff listings  
Flash lights  
Parking cones  
Rope/barricades  
Signs/Pictorial instructions  
Cellular phones  
Radios  
Pagers  
Telephone  
Computer

**Clinic Communication:**

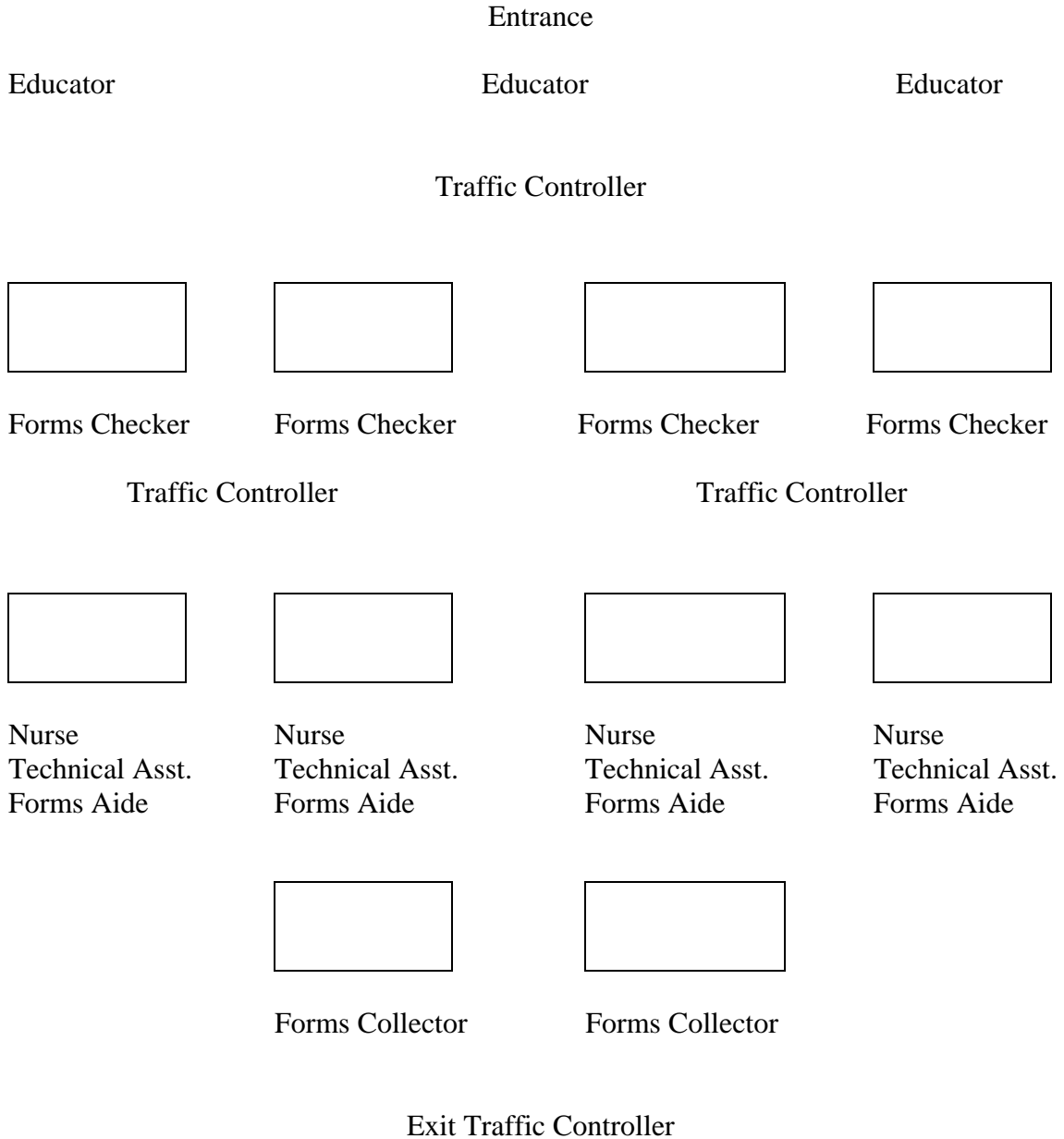
Laptop computers  
Cellular phones  
Pagers  
Portable generators  
Wireless modem  
Radios

**Miscellaneous:**

Masks for other staff  
Transport vehicles  
Portable toilets  
Wheelchair(s)  
Diapers  
Disinfectant agents

## Suggested Clinic Layout

*Public transportation, parking, zigzag lines, security personnel*



Mats or Cots

## Mass Care Sites & Mass Clinic Sites

### *Mass Care-Shelter Sites/Capacities/Contact Information*

Sheridan High School Gymnasium & Sheridan Elementary Gym & Lunchroom	~1,000	Tony Graham, 842-5302, 842-5401
Ennis High School & Ennis Elementary Gym & Bus Barn	1,200	Doug Walsh, 682-4258
Virginia City Gymnasium	500	Jim Jarvis, 843-5321
Harrison School Gymnasium	100	Dan Rask, 685-3428
Twin Bridges School Gymnasium	500	Dave Whitesell, 684-5656

### *Mass Clinic Sites/Capacities/Contact Information*

Ruby Valley Hospital & Clinic - Sheridan	~25	842-5454
Madison Valley Hospital & Clinic – Ennis	~20	682-4274
Community Medical Center-Twin Bridges	~10	684-5546
Madison Valley Baptist Church – Ennis	100	682-4244
Latter Day Saints Church – Ennis	100	682-4911
Rocky Mountain Baptist Church – Ennis	300	682-4949
Assembly of God Church – Ennis	500	682-7221
Madison Valley Presbyterian Church –Ennis	350	682-4355
St. Patrick’s Catholic Church – Ennis	300	842-5588
Shepherd of the Hills Lutheran – Ennis	50	682-4910
Trinity Episcopal Hall – Jeffers	200	682-4199
St. Joseph’s Catholic Church- Sheridan	50	842-5588
Assembly of God – Sheridan	100	842-5845
Latter Day Saints Church – Sheridan	100	842-5860
Bethel United Methodist Church – Sheridan	??	842-5934
Ruby Valley Baptist Church – Sheridan	??	842-5602
St. Joseph’s Catholic Church – Sheridan	??	842-5588
New Beginnings Christian – Sheridan	100	842-5845
St. Mary’s Catholic Church – Laurin	30	842-5588
Church of the Valley – Twin Bridges	??	684-5200
Jehovah’s Witnesses Church – TB	??	684-5428
Mountain View Southern Baptist – TB	??	684-5217
St. Paul’s Episcopal Church – Virginia City	30	843-5296

Note: Numbers in italics indicate estimates, these figures not determined according to American Red Cross criteria.

Local motels/lodging establishments may be considered for shelter purposes.

## **Sample Community Alert**

The Madison County Health Department is issuing a Public Health Alert. People may have been exposed to \_\_\_\_\_ if they \_\_\_\_\_. This is a disease caused by a \_\_\_\_\_ that infects the \_\_\_\_\_. Symptoms include \_\_\_\_\_ about \_\_\_\_\_ hours after exposure. Those who may have been exposed can receive \_\_\_\_\_ at no charge at the following dates and locations \_\_\_\_\_. For more information, please contact the Madison County Health Department at 843-4295.